

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM ETHICS COMMISSION

PARTI LOBBYIST NAME (Last) (Middle) TELEPHONE (First) T. lida Owen (808) 521-9500 MAILING ADDRESS (Street) FAX (808) 541-9050 745 Fort Street, Suite 1700 **EMAIL** oiida@imanaka-asato.com (City) (State) (Zip Code) Honolulu HI 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** Imanaka Asato LLLC (808) 521-9500 MAILING ADDRESS (Street) FAX (808) 541-9050 745 Fort Street, Suite 1700 **EMAIL** oiida@imanaka-asato.com (City) (State) (Zip Code) Honolulu HI 96813

(Type or Print Clearly)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU	TELEPHONE	
Soleil Management Hawa	(808) 669-9030	
MAILING ADDRESS (Street)	FAX (808) 665-0304	
10 Hoohui Road, Suite 20	EMAIL	
(City)	(State)	(Zip Code)
Lahaina	HI	96761
NAME OF PERSON RESPONSIBLE F	TELEPHONE	
Robert Wagner	(702) 367-4010	
MAILING ADDRESS (Street)	FAX (702) 252-0518	
7200 S. Las Vegas Boulevard		EMAIL
·	mwagner@crmlv.com	
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Las Vegas	Nevada	89119

LREG 09/2009

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture		Education	☐ Human Services	Science, Technology & Economic Development		
Communic Public Utili		Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	Tourism & Recreation		
Consumer Commerce		☐ Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Ar Preservation		☐ Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)		
Ecology, E Environme	nergy ental Protection	Housing	Public Safety & Corrections			
PART IV	CERTIFICATION	OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
_ come wide				2/4/13		
(Signature of Lobbyist)				(Date)		
PART V	AUTHORIZATIO	N TO LOBBY				
NAME	•	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
RICHARD	RODRIGUEZ		PRESIDENT			
NAME OF OR	GANIZATION (if app	licable)		TELEPHONE		
Soleil Management Hawaii, LLC.				(808) 669-9030		
MAILING ADDRESS (Street)				FAX (808) 665-0304		
10 Hoohui Road, Suite 201			ļ	EMAIL rrodriguez@crmlv.com		
(City)		(State)		(Zip Code)		
Lahaina		HI				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
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	(und	4		1/31/13		
(Signature of Authorizing Officer or Person Represented)				(Date)		

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